

**FOR COUNTY USE ONLY**

E	<input checked="" type="checkbox"/>	New	Vendor Code		SC	Dept.	A	Contract Number	
M	<input type="checkbox"/>	Change							
X	<input type="checkbox"/>	Cancel				ACT			
County Department					Dept.		Orgn.		Contractor's License No.
San Bernardino Int'l Airport Authority									
County Department Contract Representative					Phone #		Amount of Contract		
Penny Chua					382-4100, x243				
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB Number		Termination Date		
NKL	ACT	430	100	1010	Gibbs				
Commodity Code			Estimated Payment Total by Fiscal Year						
			FY	Amount	I/D	FY	Amount	I/D	
Project Name									

County of San Bernardino

F A S**CONTRACT TRANSMITTAL**CONTRACTOR Mark GibbsBirth Date ON FILE Federal ID No. or Social Security No. _____

Contractor's Representative _____

Address ON FILE Phone _____Nature of Contract: *(Briefly describe the general terms of the contract)*

Employment Contract between the County of San Bernardino and the San Bernardino International Airport Authority and Mr. Mark Gibbs.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form

Reviewed as to Contract Compliance

Presented to BOS for Signature

County Counsel

Department Head

Date _____

Date _____

Date _____